2006
Interagency Action Plan

For the Emergency Preparedness Of People with Disabilities and Special Health Needs

State of Hawaii
February 2006

Working Group

State of Hawaii Departments or Agencies
(alpha)

Department of Education
Department of Health
Department of Human Services
Disability and Communication Access Board
Executive Office on Aging
State Civil Defense
State Council on Developmental Disabilities

County Departments or Agencies
(alpha)

City and County of Honolulu Civil Defense Agency
County of Hawaii Civil Defense Agency
County of Kauai Civil Defense Agency
County of Maui Civil Defense Agency

Community Agencies
(alpha)

American Red Cross
Healthcare Association of Hawaii

This document is available in large print or Braille. Contact the Disability and Communication Access Board at (808) 586-8121 (V/TTY)

Background

In the wake of the September 11th terrorist attacks and the more recent disasters of Hurricanes Katrina, Rita and Wilma of 2005, the inability of the system to respond to the needs of persons with disabilities or other special health needs became more apparent as a major deficiency in our overall community emergency preparedness and response system. The State of Hawaii and its jurisdictions would fare no better than mainland locations in meeting the needs of persons with disabilities were similar events to occur tomorrow. The disasters, coupled with the growing recognition that people with disabilities or special health needs are a more vulnerable population in an emergency or natural disaster when their daily survival mechanism, coping skills, and support systems are interrupted, have emphasized the need to prepare a strategic plan which addresses the unique circumstances of persons with disabilities and special health needs in disaster preparedness planning.

A Harris Poll commissioned by the National Organization on Disability in November 2001 discovered that 58% of people with disabilities did not know whom to contact about emergency plans in their community. Some 61% of those surveyed had not made plans to quickly and safely evacuate their homes. And, among those individuals with disabilities who were employed, 50% said that no plans had been made to safely evacuate their workplace. All of these percentages were higher than the percentages for people without disabilities.

In October 2005, a Working Group was convened to address this issue. The Working Group consisted of the Disability and Communication Access Board, State Department of Health, State Civil Defense, State Department of Human Services, State Department of Education, State Council on Developmental Disabilities, County Civil Defense Agencies, American Red Cross, Executive Office on Aging and Healthcare Association of Hawaii.

This Action Plan is not a comprehensive emergency preparedness document, nor is it a special health needs response plan. It is a roadmap to ensure that other legislative, administrative, or programmatic efforts are inclusive of the issues of people with disabilities or special health needs. This document does not propose an entirely separate set of emergency procedures or plans. It is an acknowledgment that the interests of people with disabilities and special health needs must be made a part of overall community efforts. Everyone will benefit if the overall system is better prepared to respond to the entire community including people with disabilities or special health needs. Finally, the Plan is a recognition that people with disabilities and their caregivers have as much responsibility as any other citizen to prepare for surviving an emergency.

This Plan is focused on those individuals with disabilities (physical, mental, or health-related) that may compromise their ability to respond or respond as effectively as the general population. While many people will have unique needs in an emergency, such as those resulting from limited English speaking skills, homelessness, pet ownership, geographic isolation, cultural isolation, single parent status, criminal offender status, chemical dependency, or low income status, this Plan does not specifically address those circumstances at this time.

The Working Group has chosen to focus on emergency preparedness, notification, and sheltering in this Plan as the most pressing issues. The Working Group acknowledges the importance of other issues such as transportation, infrastructure recovery, and long-term support system. This Plan is an evolving document and other issues will be integrated into the Plan as the efforts of the Working Group continue and more public input, especially from the disability community, is received.

Population Described

There is no absolute definition of the population of individuals with disabilities or special health needs. However, the population can be described, rather than defined, by its needs in the event of an emergency or disaster, and can be clustered by their level of independence and need for health or medical support acknowledging that even with the best of 'descriptions,' the population is not homogeneous and does not come together through a common service delivery system. For the purposes of this discussion the population can be very broadly described and clustered into the following categories as outlined by the American Red Cross national guidelines:

Level I:

Level I individuals are those with disabilities who are independent and capable of self-care or care by those who are their daily caregivers (exclusive of the need for electrical power, generator, etc.). This includes the following persons, as a non-exhaustive list: those who use wheelchairs but are capable of transfer from their wheelchair; those with stable, controlled conditions such as arthritis; those with mild to moderate muscular conditions with a stable or assisted gait; colostomy patients; patients on special diets; those with artificial limbs or prosthesis; those with mechanical devices, such as pacemakers, implanted defibrillators, insulin pumps; those with visual, speech, or hearing impairments; those with managed, non-acute behavioral, cognitive or mental health illnesses; and those with tuberculosis controlled by medication.

Level II:

Level II individuals are those individuals who have ongoing 'enhanced special health needs' and who, by the nature of their condition, need a heightened level of attention. This includes the following persons as a non-exhaustive list: those with attendant medical care and continuous health care support; those with special bed care and/or special toileting arrangements; those with life support equipment; those requiring significant supportive nursing care such as kidney dialysis; those with physician-ordered observation, assistance or maintenance or custodial care; those requiring skilled nursing care due to recent medical treatment; those whose disability prevents them from sleeping on a cot; those who require equipment normally found in a hospital or skilled nursing facility; and those who require assistance in performing activities of daily living or have health conditions whereby they cannot manage for themselves in an evacuation shelter.

Level III:

Level III individuals are those individuals who need acute medical care. This includes women giving birth, and individuals having a heart attack, individuals experiencing trauma or injury: people who would otherwise simply be a part of the general population. In the case of a disease outbreak or certain other disasters (such as a tsunami or hurricane), a significant portion of the population may immediately be thrown into this category.

The terms "individuals with disabilities" and "individuals with special health needs" are often used interchangeably. For the purposes of this document and disaster management and planning, the term "individuals with disabilities" will refer to both Level I and Level II individuals. "Individuals with special health needs" will refer only to Level II individuals. "Individuals with actual medical needs" refers to Level III individuals and are not the subject of this Plan.

Population Quantified

The absence of a universal definition of the population of individuals with disabilities or special health needs makes it difficult to definitively quantify the population. While there are broad estimates of the number of people who have a variety of conditions, there is no single 'count' of people with disabilities or special health needs. The absence of this data is due to the fact that (1) 'disability status' or 'special health needs status' are often only declared for the purpose of obtaining eligibility for a program, service, or benefit and (2) disability status is not necessarily a permanent characteristic of a person, such as age, race, or gender. Emergency preparedness and evacuation provides no incentive or reason for this population to self-identify without a demonstrable benefit to their disclosure. Therefore, for the purposes of planning we must rely on the best estimates based upon other community service data and figures.

The U.S. Census Bureau, 2000 Census of Population and Housing reflected a Hawaii population base of 1,211,537. The same census/survey identified 199,819 individuals, or approximately 16.5% of the non-institutionalized population over age 5 as having a disability or a "long lasting sensory, physical, or mental impairment." Recognizing that this excludes a significant portion of people with disabilities because they live in institutions or long term care facilities, the actual figure will be higher.

Thus, the U.S. Census Bureau estimates that 54 million Americans, or about 20% of the U.S. population are individuals with disabilities. Extrapolation to the Hawaii 2004 population base of 1,262,840 people yields an estimate of 252,568 individuals with disabilities.

Some people with disabilities will not require special assistance during an emergency because they are able to take care of themselves. Therefore, while some 16.5 - 20% of the total population have a disability, the national planning average used by emergency management offices, according to an informal national survey conducted by the National Office on Disability, is notably lower at 10 – 13% (National Council on Disability, 2002). This figure encompasses only those who need help in an emergency, acknowledging that many people with disabilities are capable of self-support.

Based upon those figures of 10 – 13% extrapolated to Hawaii's population, the estimated number of people with disabilities for the purposes of emergency management planning is between 126,284 and 164,169 individuals. There is no further estimate as to what percentage of those individuals would require various levels of care.

In order to better quantify the 126,284 – 164,169 population estimate, we must quantify the individuals we can identify through the service delivery system. We can locate concentrations of individuals without identifying individuals by name by counting the number of people in clustered group living arrangements. These clusters and groups may change over time, but the number usually will remain consistent. (Since the residential facilities are limited by occupancy and licensing regulations and most facilities are at or near capacity, the number of individuals will not change dramatically until new facilities are opened.)

For example:

Care Home A is licensed for 5 individuals. Care Home A is providing custodial care for 5 individuals and, unless it ceases to provide such services, we can expect 5 individuals living at a specific location to need 'extra help and attention' in the event of an emergency.

Attachment A lists clusters of individuals with disabilities or special health needs who can be identified by where they live. Such programs can be identified by the state agencies that either license or fund the residential programs. This includes: Adult Residential Care Homes, Expanded Adult Residential Care Homes, Assisted Living Facilities, Developmental Disabilities Domiciliary Homes, Adult Foster Homes, Child Foster Homes, Special Treatment Facilities, Therapeutic Care Facilities, Skilled Nursing Facilities, Intermediate Care Facilities, and Mental Health Group Homes. Attachment A reveals that there are approximately 12,300 people living in 1,842 identified clustered group living arrangements under some 'control' by the State of Hawaii. This is an unduplicated count.

Recognizing that most people with disabilities or special health needs do not live in a congregate group setting but rather are integrated into the community, often living semi-independently or in the care of their family, additional efforts must be taken to identify those individuals.

For example:

Individual A is frail, elderly, and has a disability. Individual A lives at home, but due to medical fragility, receives services from the Public Health Nursing Branch.

Individual B is elderly, in a wheelchair, and lives alone with rotating support of his children. He receives Meals on Wheels due to being homebound.

Individual C is similar to Individual B, but attends a day activity program instead of receiving Meals on Wheels.

Individual D is a person with a developmental disability, has a case manager through the Department of Health and receives a variety of personal care services to enable the family to keep him at home. Individual D receives SSI as well and does not attend any group program.

Currently there is no comprehensive aggregate list to identify those individuals with disabilities living in our community. No efforts are proposed to 'count' or identify those individuals. However, the Plan proposes, in its goals and objectives, to identify the array of social service, health, and education agencies or organizations who provide direct services and have client customer bases. This effort will help us reach individuals to develop individualized preparedness plans.

Basic Premises and Assumptions

The following are the basic premises of this Working Group:

(A) Although the circumstances of individuals with disabilities or special health needs may be different from the general population at-large, with the assumption that their needs are 'greater,' the means to address those needs must be integrated into the overall, general plans for emergency preparedness and evacuation for the general population. A 'separate' emergency management plan for individuals with disabilities or special health needs is not appropriate. We cannot plan for 'special health needs populations' in isolation. If the general infrastructure of emergency preparedness, evacuation, and response is not increased for the population as a whole, planning for this population alone will be an exercise in frustration.

(B) Emergency preparedness is foremost an individual's personal responsibility, or, if the person is in the care of another person, the caregiver's responsibility. Increased personal readiness and preparedness for a person with a disability or special health need is even more important to ensure that the person's unique challenges or needs are met.

(C) While some other states have started to create registries of persons with disabilities, we feel it is not recommended, as the state or county levels of government do not have the capability to keep the registry up-to-date nor to meet the possible expectation of those on the registry that they will be 'rescued,' thereby creating a false sense of security.

(D) All shelters made available to the population at-large should be physically accessible for Level I individuals who have the capability of self-care or have a personal attendant or caregiver to assist them.

(E) A selected number of locations, whether they are some of the above shelters or other locations, should be designated for more intensive health support as noted above for Level II individuals.

(F) Hospitals should be reserved for Level III individuals who are acutely ill. The role of a hospital is to respond first to its inpatient population and secondly, as a back up to other hospitals.

(G) The population of individuals who have disabilities or special health needs may include people who have become disabled as a result of the disaster. It may also include non-resident tourists whose location and personal medical needs will vary at any given time. While the immediate response of the community will need to accommodate those individuals, the primary planning efforts will be focused on the resident population whose disabilities are known prior to the emergency.

(H) People with disabilities or special health needs should remain as a unit with their family or caregivers and should not be separated from their families due to their requirements for additional care. Thus, shelters must be prepared to accept a blend of individuals in order to keep families intact.

Goals and Objectives

Many other initiatives to enhance and strengthen the overall emergency management system will benefit people with disabilities. Only goals specifically targeting or directly impacting people with disabilities or special health needs are listed here. The agencies listed after each objective are those responsible for implementing the objective, with the lead agency or agencies noted with an asterisk (*). The lead agency or agencies are responsible for convening the identified players (and any others not identified in the Plan) to achieve the stated objective, including the development of strategies and actions to implement the objective.

Goal 1: All pre-designated locations used and managed as emergency evacuation shelters shall meet minimum requirements for facility access in the area of ingress and use of restroom (toilet) facilities to meet the needs of Level I individuals.

Background:

Although all shelter facilities may not have the capability of serving those individuals who have specialized medical or health needs, many individuals with mobility impairments, individuals with chronic but not serious medical or health conditions, and individuals with mental impairments without other medical or health needs should be able to go to the nearest emergency evacuation facility in close proximity to their home and be with their family if they have the ability to self-care or bring an individual with them who can attend to their unique needs. Community shelters provide basic protection from the disaster at hand with minimum services. Because such locations provide 'only a roof over one's head' to protect individuals from the immediate harm of the disaster, the requirements for site accessibility are for 'program access,' not full compliance with the Americans with Disabilities Act Accessibility Guidelines (ADAAG) for new construction and alteration. In addition to being physically able to accommodate Level I individuals, sensitivity to the needs of individuals with disabilities will help maintain a person with a disability and his or her family in the shelter.

Objective 1.1: Develop the baseline facility requirements for an existing shelter facility for access. ***(Disability and Communication Access Board*, State Civil Defense*, County Civil Defense Agencies, American Red Cross)***

Objective 1.2: Cross-reference the locations of emergency shelters in the schools with the ADA Transition Plan of the Department of Education and other government agencies whose sites are used as shelter facilities to coordinate construction efforts at those sites to meet the accessibility requirements developed under Objective 1.1 and current sheltering requirements. ***(State Civil Defense*, Department of Education*, County Civil Defense Agencies, Disability and Communication Access Board, American Red Cross)***

Objective 1.3: Obtain State Capital Improvement Projects funds and upgrade sites to ensure that those sites meet the minimum facility requirements for accessibility and sheltering. ***(State Civil Defense*, all Working Group partners)***

Objective 1.4: Amend Hawaii Revised Statutes to require all new state buildings and facilities, as appropriate, to have the capability to serve as an emergency evacuation shelter. (Note: All new buildings and facilities by law will be physically accessible.) ***(State Civil Defense*, all Working Group partners)***

Objective 1.5: Provide basic training to shelter operators and assigned workers in responding to the needs of persons with disabilities or special health needs as shelter occupants (e.g., how to respond to service animals, handling mobility devices, etc.). ***(American Red Cross*, Healthcare Association of Hawaii, Department of Health, Disability and Communication Access Board, State Council on Developmental Disabilities)***

Goal 2: The capacity of the community to "shelter-in-place" shall be increased.

Background:

The number of shelter spaces in the community is inadequate for the general population, let alone the additional requirements for Level I or II individuals. Encouraging adult residential care homes, assisted living facilities, nursing facilities, and other similar health care settings to shelter in place will allow individuals in such settings to continue to receive appropriate levels of care during disasters and other emergencies. Also, by increasing the capacity of the community to shelter in place, people will be made safe without the need to be transported (thus freeing up the transportation arteries while providing more spaces in the community shelter available).

Objective 2.1: Amend Hawaii Revised Statutes to provide for a tax credit of 4% and/or other incentives for costs incurred for the plan, design, construction, and equipment related to new construction, alterations, or modifications to a qualified facility that retrofits, updates, or hardens the existing structure or structures to permit sheltering in place, as established by State Civil Defense. ***(State Civil Defense*, all Working Group partners)***

Objective 2.2: Determine the receptivity and the ability of the owners or proprietors of licensed health care settings or day facilities for people with disabilities to harden their facilities to be able to shelter in place including developing evacuation plans to ensure compliance/conformance with County Civil Defense procedures and guidelines and encourage them to retrofit their facilities using the financial incentives provided in Objective 2.1. ***(Department of Health*, Department of Human Services*, State Civil Defense)***

Goal 3: The number and dispersion of community emergency shelters as centers to provide augmented health support for Level II individuals shall be increased.

Background:

Although facilities should not exclude people with mobility impairments from entrance due to architectural barriers, the nature and selection of sites, the lack of electricity and refrigeration at all sites, and the lack of adequate medical personnel make it unrealistic to have each site capable of rendering medical support. Therefore, a selected number of shelters should be designated to fulfill those needs, whether they are portions of the shelter facilities or entirely new locations. Clearly, this is the most challenging barrier facing the Working Group and the community as a whole. Hospitals are not the appropriate location, as their first priority must be caring for the acute medical patients in their facilities, secondly, supporting other acute care hospitals, and third, supporting the mission of public health.

Objective 3.1: Establish minimum facility requirements and space requirements for a Level II Special Health Needs shelter to include, but not be limited to, the availability of back-up electricity (generator), refrigeration, and water, and hardening criteria applicable

to all shelters. ***(State Civil Defense*, Department of Health, Disability and Communication Access Board)***

Objective 3.2: Establish a minimum staffing pattern for a Level II Special Health Needs Facility to address the anticipated health needs of the occupants. ***(Department of Health*, Healthcare Association of Hawaii)***

Objective 3.3: Secure appropriate commitments to activate staff as identified in Objective 3.2 to staff the designated Level II shelters in the event of an emergency. ***(Department of Health*, Healthcare Association of Hawaii)***

Objective 3.4: Identify and geographically designate/locate the projected number of individuals who would be classified as needing Level II care. ***(Department of Health*, Department of Human Services*)***

Objective 3.5: Identify and designate a minimum of Special Health Needs Level II shelters, either existing or new, in each of the counties and ensure that those shelters meet the minimum requirements set forth in Objective 3.1. ***(State Civil Defense*, County Civil Defense Agencies)***

Goal 4: A public and professional education campaign shall be developed to assist everyone to make plans for themselves and their families in the event of an emergency. Individuals with disabilities or special health needs shall have an emergency evacuation plan in place developed by themselves or by their caregivers to implement in the event of a notification of evacuation.

Background:

Emergency preparedness is foremost an individual responsibility or, in the case of those without the capacity to self-care, the responsibility of their caregivers.

Communication is the lifeline of emergency management and is even more critical for persons with disabilities. Many are unemployed (and thus do not receive information from the workplace), socially isolated, homebound, or unable to benefit from customary means of communication because of sensory or cognitive limitations of their disability. A heightened outreach program using materials already developed by organizations including the American Red Cross, through support groups and social service agencies such as Meals on Wheels and community health nurses may be the best way to encourage individual preparedness. Awareness and preparedness messages and materials for persons with disabilities must be similar to those provided to the population at large but also customized for specific groups based upon acknowledged limitations and likely problems to be encountered as a result of those limitations. A public and professional education campaign will increase the ability of these individuals to plan and survive in the event of an emergency or disaster.

Objective 4.1: Standardize a statewide 'Individual Emergency Preparedness Procedure' and 'Kit' and messages to be used in an outreach effort to include persons with disabilities, their families, and caregivers. ***(State Civil Defense*, County Civil Defense Agencies, Department of Health, Disability and Communication Access Board, American Red Cross)***

Objective 4.2: Obtain funding for a comprehensive statewide public and professional education outreach program based upon Objective 4.1 with emphasis on Level II individuals. ***(State Civil Defense*, all Working Group partners)***

Objective 4.3: Develop a comprehensive list of disability organizations with estimates of their direct client caseloads or membership, to form the foundation of a statewide public education program. ***(Disability and Communication Access Board*, Department of Health, Department of Human Services)***

Objective 4.4: Conduct a coordinated, comprehensive statewide public and professional education outreach program to agencies that provide services to people with disabilities and special health needs based upon the materials developed in Objective 4.1 with emphasis on Level II individuals first. The public education and outreach program shall be multilingual based upon state ethnic needs and integrated with a community-wide public education effort for all. ***(State Civil Defense*, Department of Health*, Department of Human Services*, Department of Education, County Civil Defense Agencies, American Red Cross, Disability and Communication Access Board, State Council on Developmental Disabilities, Executive Office on Aging)***

Objective 4.5: Integrate emergency evacuation planning into the plans of clients who have a case manager in the Department of Health, Department of Human Services or their contracted agencies. ***(Department of Health*, Department of Human Services*)***

Objective 4.6: Integrate the emergency evacuation planning of special education students into the school-wide plan. ***(Department of Education*)***

Goal 5: Education shall be provided to all health care providers in order that appropriate emergency evacuation plans for health care facilities and/or settings are in place.

Background:

The Working Group has identified group living arrangements categorized in Attachment A which are licensed by the government where a significant number of individuals with disabilities or special health needs reside. By definition, these individuals are not able to live independently in the community and thus reside in a setting where they are dependent, due to their disability or age, on the care of a paid provider. These providers are reimbursed for their caregiving services and are regulated by administrative rules and regulations, either federal or state or a combination of both, concerning health, safety, and other factors, as appropriate.

Concerns have arisen relative to the adequacy and appropriateness of the evacuation plans of these facilities and the care providers. The plans are developed as a condition of licensure but are not approved by the respective licensing authorities. Thus, incorrect assumptions or understanding of the function of community shelters and hospitals may result in inappropriate responses in an evacuation. Additionally, facility caregivers may face competing interests of protecting their own families while continuing to provide for those individuals with disabilities or special health needs in their custodial care. Efforts to ensure that the legal obligations to provide care are continued during a disaster or emergency, whether sheltering in place or at a community shelter, should be increased.

Objective 5.1: Strengthen the administrative oversight of licensing of all health care facilities to review the evacuation plans of the facility to ensure compliance with County

Civil Defense procedures and guidelines. ***(Department of Health*, Department of Human Services, Department of the Attorney General)***

Objective 5.2: Develop evacuation procedures and guidelines by the County Civil Defense Agencies to ensure consistency and appropriateness of disaster plans as developed by health care providers. ***(County Civil Defense Agencies*)***

Objective 2.2 also impacts meeting this goal.

Goal 6: Individuals with disabilities or special health needs shall receive notification of an evacuation through the State Civil Defense mechanisms.

Background:

Notification of an impending disaster, time permitting, and the call to evacuate is done by the counties. People with disabilities or special health needs and their caregivers should expect to receive information through the same notification system as the population at-large, not through the social service or health systems, whose workers will be preparing for staffing the emergency as needed. A significant challenge, as yet unresolved with no single recommendation, is how to reach the population of people who are deaf or hard-of-hearing who may not receive notification through the traditional means as the general population.

Objective 6.1: Secure agreements with all broadcast media to (1) provide open captioning on all television announcements of pending or current disasters, (2) ensure that crawl messages across a television screen do not run in any area reserved for closed captioning, as this will make both sets of messages unintelligible for deaf and hearing viewers, (3) coordinate with sign language or other language interpreters to be available to work with local television stations during emergencies, and (4) provide an aural description of emergency information in the main audio. If the emergency information is being provided in the video portion of the programming that is not a regularly scheduled newscast or newscast that interrupts regular programming (e.g., the programmer provides the emergency information through "crawling" or "scrolling" during regular programming), this information must be accompanied by an aural tone. ***(State Civil Defense*, Disability and Communication Access Board)***

Objective 6.2: Obtain a TTY at all key emergency information lines (including, but not limited to, State Civil Defense, County Civil Defense Agencies, National Weather Service, and the American Red Cross) and ensure that all staff at those agencies are trained on their use. ***(State Civil Defense*, Disability and Communication Access Board)***

Objective 6.3: Ensure that the web sites of agencies providing information on disasters (including, but not limited to, State Civil Defense, County Civil Defense Agencies, National Weather Service, and the American Red Cross) are accessible to persons with disabilities (i.e., "Bobby-approved" or the equivalent). ***(Oahu Civil Defense Agency*, State Civil Defense, Other County Civil Defense Agencies, Disability and Communication Access Board, National Weather Service, American Red Cross)***

Objective 6.4: Research and investigate alternatives for the provision of an alert paging system to warn individuals who are unable to hear the conventional siren of a possible emergency to include, but not be limited to, wireless services, and develop agreements to implement a system. ***(State Civil Defense*, Disability and Communication Access Board)***

Objective 6.5: Conduct an analysis of the feasibility of a Reverse 911 system to initiate messages to registered individuals in an emergency. ***(State Civil Defense*, County Civil Defense Agencies, Disability and Communication Access Board)***

ATTACHMENT A

This list represents clusters of individuals with disabilities or special needs who can be identified by where they live in a group living arrangement. Such programs can usually be identified by the licensing process of the State of Hawaii.

	Hawaii		Kauai		Maui		Molokai		Lanai		Oahu		Total	
	#Fac	#beds	#Fac	#beds	#Fac	#beds	#Fac	#beds	#Fac	#beds	#Fac	#beds	#Fac	#beds
Adult Residential Care Homes (ARCH) I & II	48	211	16	73	13	61	4	31	0	0	413	2232	**494**	**2608**
Expanded ARCH	14	28	1	2	1	2	1	3	0	0	160	347	**177**	**382**
Therapeutic Living Programs (TLP)	2	12	2	12	2	23	0	0	0	0	9	60	**15**	**107**
Special Treatment Facility (STF)	4	49	0	0	4	75	0	0	0	0	30	577	**38**	**701**
Developmentally Disabled Domiciliary Homes (DDDom Homes)	1	5	0	0	1	5	0	0	0	0	30	133	**32**	**143**
Assisted Living Facilities (ALF)	1	220	1	100	1	144	0	0	0	0	7	1280	**10**	**1744**
Intermediate Care Facilities-Mentally Retarded in the Community (ICF MR-C)	0	0	0	0	4	24	0	0	0	0	14	67	**18**	**91**
Residential Alternatives for Care in the Community (RACC)	44	88	4	8	19	38	1	2	0	0	574	1158	**642**	**1294**
Intermediate Care Facilities-Skilled Nursing Facilities (ICF/SNF)	8	720	5	318	4	498	1	3	1	10	31	2547	**50**	**4096**
Mental Health – Adult Group Living Sites	15	97	7	33	9	60	0	0	0	0	62	429	**93**	**619**
Developmentally Disabled Foster Homes (DD Foster homes)	4	6	9	16	8	13	0	0	0	0	252	494	**273**	**529**
Totals	**141**	**1436**	**45**	**562**	**66**	**943**	**7**	**39**	**1**	**10**	**1582**	**9324**	**1842**	**12314**